

Initial Approval: October 14, 2015

**CRITERIA FOR PRIOR AUTHORIZATION**

Somavert® (pegvisomant)

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Pegvisomant (Somavert®)

**CRITERIA FOR INITIAL APPROVAL** (must meet all of the following):

- Patient must have a diagnosis of acromegaly
- Patient must have an inadequate response to or not be a candidate for surgery or radiation therapy
- Patient must be at least 18 years old
- Must have documentation of baseline insulin-like growth factor-1 (IGF-1)
  - Level must be  $\geq 750$  mcg/L, or
  - Patient must have moderate to severe symptoms of growth hormone excess
- Must have documentation of baseline liver function tests (LFTs)

**LENGTH OF APPROVAL:** 6 months

**Note:**

- The Endocrine Society Clinical Practice Guideline (2014 update) recommends a trial of cabergoline as initial adjuvant (after surgery or radiation) therapy for patients with modest elevations of serum IGF-1 ( $< 750$  mcg/L) and mild signs and symptoms of growth hormone excess.